

How to Initiate the Independent Dispute Process for Emergency Services and Surprise Bills

For Health Care Providers

A provider or HMO/insurer (health plan) may dispute a payment or charge for emergency services or a surprise bill. Applicants must:

1. Visit the Department of Financial Services (DFS) website at www.dfs.ny.gov to receive a file number;
2. Complete the Independent Dispute Resolution (IDR) application; and
3. Send it to the assigned independent dispute resolution entity.

For assistance, call **1-800-342-3736** or email IDRquestions@dfs.ny.gov.

A physician or health care provider shall provide the following information:

1. The name and contact information of the physician or non-participating referred health care provider;
2. The name and contact information of the health care plan;
3. The fee charged by the physician or non-participating referred health care provider for the service that is the subject of the dispute, and provide a copy of the bill;
4. The fee paid to the physician or non-participating referred health care provider for the service that is the subject of the dispute;
5. At least three fees paid to the physician or, if the dispute involves a health care provider to the non-participating referred health care provider, in the last 24 months for the same services rendered by the physician or non-participating referred health care provider to other patients in health care plans in which the physician or non-participating referred health care provider is not participating, if available;
6. The physician's or non-participating referred health care provider's usual charge for comparable services rendered to other patients in health care plans in which the physician or non-participating referred health care provider is not participating;
7. The physician's or non-participating referred health care provider's level of training, education and experience;
8. An explanation of the circumstances and complexity of the particular case, including time and place of the service;
9. Individual patient characteristics;
10. Any other information the physician or non-participating referred health care provider deems relevant;
11. An attestation affirming that the information provided by the physician or non-participating referred health care provider is true and accurate; and
12. Any information requested by the IDRE.